

June 16 , 2006 EOP Mini-Messages

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS EOP DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.STATE.AL.US TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

ATTENTION: ALL PROVIDERS (167)

THE FOLLOWING IS TO CORRECT A MAY 2006 INSIDER ARTICLE TITLED "UPDATED VACCINE FOR CHILDREN (VFC) CODES: PROCEDURE CODE 90721 DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS AND HEMOPHILUS INFLUENZA TYPE B (DTAP-HIB) SHOULD ONLY BE GIVEN FOR CHILDREN 1-5 YEARS OF AGE. THE ARTICLE INCORRECTLY STATED "0-5 YR OF AGE."

ATTENTION: ALL PROVIDERS (139)

JUNE 30, 2006 IS THE DEADLINE FOR ALABAMA MEDICAID PROVIDERS TO FILE FOR REIMBURSEMENT UNDER THE FEDERALLY-APPROVED PLAN TO REIMBURSE STATE PROVIDERS FOR MEDICALLY-NECESSARY SERVICES DELIVERED TO VICTIMS OF HURRICANES KATRINA AND RITA. A LIST OF DESIGNATED COUNTIES, CLAIM-FILING INSTRUCTIONS AND FORMS FOR PROVIDERS ARE AVAILABLE ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

ATTENTION: PHYSICIANS (125)

THE ALABAMA MEDICAID AGENCY HAS CORRECTED THE PROBLEM FOR CLAIMS DENYING FOR OFFICE VISITS WITH MODIFIER 25 AND ADMINISTRATION CODE COMBINATION. YOU MAY NOW RESUBMIT YOUR CLAIMS.
